U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF: Carmen Powell

FILED 2008 JAN 11 AM 9:01 CLERK US DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY: DEPUTY

COURT CASE NUMBER: 07CV1836 JAH(JMA)

DEFENDANT: Det Ruth Heinzman, et al

TYPE OF PROCESS: Summons and To Serve complaint

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: Det Ruth Heinzman

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code): 315 4th Ave, Chula Vista, Ca 91910

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Carmen Powell
372 Bay Leaf Dr.
Chula Vista, Ca 91910

Number of process to be served with this Form - 285: 1

Number of parties to be served in this case:

Check for service on U.S.A.: X

RECEIVED 2007 DEC 27 U.S. MARSHAL SOUTHERN DISTRICT CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

Fold

619 691-5151 OR Risk Management 619 409-5982
315 4th Ave 276 4th Ave
Chula Vista. Calif 91910 Chula Vista Ca 91910
Individual/Official Capacity

Fold

Signature of Attorney or other Originator requesting service on behalf of: Carmen Powell

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER: 619 420-4204

DATE: 12/26/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (*Sign only first USM 285 if more than one USM 285 is submitted*)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 98	No. 98	A Scott	12/27/07

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (*See remarks below*)

Name and title of individual served (*if not shown above*): Sgt. Sallee, Vern CVPD

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (*complete only if different than shown above*):

Date of Service: 12/31/07 Time: 1030 am / pm

Signature of U.S. Marshal or Deputy: [signature]

Service Fee	Total Mileage Charges (*including endeavors*)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)